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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/927,225	08/10/2001	John H. Erickson	02-007 (065274.0165)

37270
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 DALLAS, TX 75201-2980

CONFIRMATION NO. 4650



OC000000015781179

Date Mailed: 04/19/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/07/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

JOHN INGRAM
 PUBS O-

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/927,225	08/10/2001	John H. Erickson	14527/05201

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CONFIRMATION NO. 4650



OC000000015781146

Date Mailed: 04/19/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/07/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

JOHN INGRAM
 PUBS ()-

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Bib Data Sheet

CONFIRMATION NO. 4650

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/927,225	08/10/2001 RULE	607	3762	02-007 (065274.0165)
APPLICANTS John H. Erickson, Plano, TX; Scott F. Drees, McKinney, TX; Terry Daglow, Allen, TX; John Connell Munson JR., McKinney, TX;				
** CONTINUING DATA ***** This application is a CIP of 09/635,910 08/10/2000 PAT 6,754,539				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/14/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 13
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 5		
ADDRESS 37270				
TITLE STIMULATION/SENSING LEAD ADAPTED FOR PERCUTANEOUS INSERTION				
FILING FEE RECEIVED 843	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	